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PATENT

Practitioner's Docket No. 65545-0035

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent of: James M. Johnson, et al.

Patent No.: 6,055,516

Issued: April 25, 2000

For: ELECTRONIC SOURCING SYSTEM

Commissioner for Patents
Washington D.C. 20231

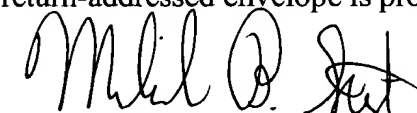
STATUS INQUIRY

1. More than ten months have passed since the filing of the Request for Certificate of Correction of Patent for Applicant's Mistake in this application on June 30, 2000. A copy of the Request for Certificate of Correction is attached.
2. No communication has been received from the U.S. Patent and Trademark Office since receipt of the postcard indicating the U.S. Patent Office received the Request of Certificate of Correction, indicating any action on this request. A copy of the return postcard with the USPTO stamp noting the document was received on July 5, 2000.
3. Kindly advise the undersigned of the present status of this request, by checking the appropriate box on the next page. A stamped return-addressed envelope is provided.

Date: May 2, 2001

Customer No. 010291

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

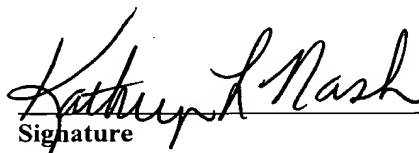
I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.



Signature

Date: May 2, 2001

Kathryn L. Nash

(type or print name of person certifying)

MRD 7/5/00
CofCD 7/11/00
5/1/01 =

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)		(Col. 2)		(Col. 3)		OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra		Addit. Fee	
Total	29	Minus	42	= 0	x \$18 =	\$0	
Indep.	5	Minus	5	= 0	x \$78 =	\$0	
First Presentation of Multiple Dependent Claim					+ \$260 =	\$0	
					Total Addit. Fee	\$0	

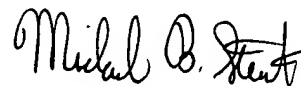
- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 18-0013.
 If any additional fee for claims is required, charge Account No. 18-0013.

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